



Wellness Program Enrollment Form

Name: _____
(please print clearly)

Department: _____ Location/ Floor/ Room #: _____

Phone number/extension: _____

E-mail address: _____

Note: If email communication is not accessible, please list preferred address to retain wellness materials and communications: _____

Please Circle Preferred Total Wellness Team Member Incentive Gift

- ☐ Long Sleeve Shirt (navy, gray, black, maroon)
- ☐ Cooler Bag
- ☐ Other

Return to Tiffany Kari or Laura Prail at Duluth's GSC Room 200

(Human Resources Use Only)

- ☐ Incentive gift received
- ☐ Guide received
- ☐ Added to spread sheet



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